



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Yulun Wang *et al.*

Application No.: 10/781,150

Filed: February 17, 2004

For: A MEDICAL TELE-ROBOTIC SYSTEM
WITH A HEAD WORN DEVICE

Examiner: Rita Leykin

Art Group: 2837

INFORMATION DISCLOSURE STATEMENT

Commissioner For Patents
Box Patent Application
Washington, D.C. 20231

Dear Sir:

In accordance with Applicant's duty of disclosure under 37 CFR §1.56, and in accordance with 37 CFR §§1.97-1.98, Applicant submits the enclosed Form PTO/SB/08A (modified), along with a copies of the foreign patents and non-patent literature therein.

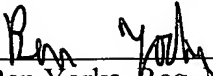
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11/14/2005 CNGUYEN 00000051 090946 10781150
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Respectfully submitted,


IRELL & MANELLA LLP

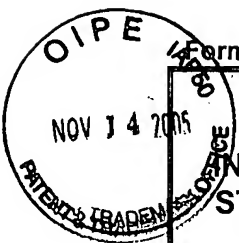
Dated: November 11, 2005


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Susan Langworthy
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Form PTO/SB/08A (Modified)

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet 1 of 5

Complete if known

Application Number	10/781,150
Filing Date	February 17, 2004
First Named Inventor	Yulun Wang et al.
Group Art Unit	2837
Examiner Name	Rita Leykin
Attorney Docket Number	157438-0005(P003)

U.S. PATENT DOCUMENTS

Examiner Initials	Cite No.	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code			
		3,821,995		Aghnides, Elie P.	07-02-1974	
		4,413,693		Derby, Sherwin L.	11-08-1983	
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Examiner: _____ Date Considered: _____

Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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				Examiner Name	Rita Leykin
Sheet	2	of	5	Attorney Docket Number	157438-0005(P003)

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Sheet	3	of	5	Attorney Docket Number	157438-0005(P003)

FOREIGN PATENT DOCUMENTS							
Examiner Initials	Cite No.	Foreign Patent Document			Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Office	Number	Kind Code			
		CA	2289697	A1	Fels et al.	11-12-1998	
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OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS		
Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.
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				Group Art Unit	2837
				Examiner Name	Rita Leykin
Sheet	4	of	5	Attorney Docket Number	157438-0005(P003)

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Sheet	5	of	5	Attorney Docket Number	157438-0005(P003)

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	11/781,150
	Filing Date	February 17, 2004
	First Named Inventor	Yulun Wang et al.
	Art Unit	2837
	Examiner Name	Rita Leykin
Total Number of Pages in This Submission	Attorney Docket Number	157438-0005 (P003)

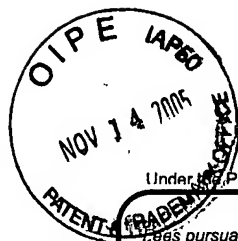
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	43 References
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Irell & Manella LLP		
Signature			
Printed name	Ben J. Yorks		
Date	November 11, 2005	Reg. No.	33,609

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Typed or printed name	Susan Langworthy	Date	November 11, 2005

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

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Examiner Name	Rita Leykin
Art Unit	2837
Attorney Docket No.	157438-0005 (P003)

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 09-0946 Deposit Account Name: Irell & Manella, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Information Disclosure Statement

\$180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 33,609	Telephone (949) 760-0991
Name (Print/Type)	Ben J. Yorks		Date November 11, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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